

 <p>HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday"</p> <p>Policies and Procedures</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p>FIN 0505</p>
		<p>Revision No.:</p> <p>N/A</p>
<p>Subject:</p> <p>Calculated Laboratory Tests</p>	<p>Issued by:</p> <p>Corporate Compliance Committee</p>	<p>Effective Date:</p> <p>September 15, 2000</p>
	<p>Approved by:</p> <p>Thomas M. Driskill, Jr. President & CEO</p>	<p>Supersedes Policy:</p> <p>N/A</p>
		<p>Page:</p> <p>1 of 2</p>

- I. **PURPOSE:** To not bill for laboratory calculation tests when the calculation is derived from an underlying laboratory test.
- II. **POLICY:** Laboratory calculation tests cannot be billed when the calculation is derived from an underlying laboratory test. Billing for both the calculation test and the underlying laboratory test is considered double billing.
- III. **PROCEDURE:** The following steps should be performed to make sure calculation tests are not billed. It is the responsibility of the Chief Financial Officer at each facility to guarantee adherence to this procedure.

A. Implementation:

1. Laboratory personnel must review and make sure applicable revisions are made to the chargemaster and related Laboratory and Order Entry masterfiles/dictionaries as follows:
2. Remove CPT codes 85029 and 85030 and related billing procedure codes.
3. Remove all billing procedure codes attached to the following tests:

Indices

MCH - Mean corpuscular hemoglobin
 MCV - Mean corpuscular volume
 MCHC - Mean corpuscular hemoglobin concentration
 RDW - Red cell distribution width
 MPV - Mean platelet volume

Other Calculated Tests

T7	Anion Gap
Bun/Creatinine Ratio	Cardiac Risk Factor
Calculated Hematocrit	Calculated LDL Cholesterol
Albumin / Globulin Ratio	INR
PTT Ratio	

(Note: If Hematocrit is performed as a measured test, bill CPT Code 85013 or 85014. If LDL Cholesterol is performed as a measured test, bill CPT Code 83721.)

4. Business office personnel must establish edits in the electronic billing system which prevent CPT codes 85029 and 85030 from being billed.
5. All staff/physicians responsible for ordering, charging, or billing laboratory services **will be educated** on the contents of this policy.
6. Perform an annual audit of the chargemaster to validate that codes 85029, 85030, and other calculated tests are not present. Review monthly Procedure Code Analysis reports to validate that codes 85029, 85030, and other calculated tests are not present. Deviations from this policy should be documented and resolved immediately.
7. Mechanisms must be established and implemented in order for business office personnel to identify intermediary interpretations which vary from the interpretations in this policy. Specific intermediary documentation related to the variance(s) must be obtained and faxed to the Regional Compliance Officer who would report to the Corporate Compliance Officer.

B. Daily: Business office personnel must review electronic billing edit/error reports daily to validate that CPT codes 85029 and 85030 are not billed. If 85029 and 85030 are present, the following must be performed:

1. Remove the charge and related CPT from the electronic billing system.
2. Remove the charge and related CPT in the accounts receivable system to match the corrected claim in the electronic billing system.

(Note: Utilize ancillary charge codes rather than correcting claims with adjustment codes. Corrections made subsequent to final bill should be processed through the patient accounting system late charge cycles.)